

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Judith

2. Surname (Last Name)

Epstein

3. Date

17-October-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Stephen L. Hoffman

5. Manuscript Title

Protection against Plasmodium falciparum malaria by PfSPZ Vaccine

6. Manuscript Identifying Number (if you know it)

89154-INS-CMED-TR-2

Section 2. The Work Under Consideration for Publication

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☒ No

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☒ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

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Dr. Epstein has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Kristopher
2. Surname (Last Name)
Paolino
3. Date
03-October-2016
4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
Stephen L. Hoffman
5. Manuscript Title
Protection Against Plasmodium falciparum by PfSPZ Vaccine
6. Manuscript Identifying Number (if you know it)
89154-INS-CMED-TR-2

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Paolino has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Thomas

2. Surname (Last Name)
Richie

3. Date
01-October-2016

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
SL Hoffman

5. Manuscript Title
Protection against Plasmodium falciparum by PfSPZ Vaccine

6. Manuscript Identifying Number (if you know it)
89154-INS-CMED-TR-2

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Sanaria Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sanaria received funds to manufacture the vaccine and pay for the salary time of employees working on the project.

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Sanaria Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I am a full time salaried employee of Sanaria Inc.

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Dr. Richie reports other from Sanaria Inc., outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Martha

2. Surname (Last Name)
Sedegah

3. Date
04-October-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Stephen L. Hoffman

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Dr. Sedegah has nothing to disclose.

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1. Given Name (First Name)

Alexandra

2. Surname (Last Name)

Singer

3. Date

03-October-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Stephen L. Hoffman

5. Manuscript Title

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Dr. Singer has nothing to disclose.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Other: Anything not covered under the previous three boxes

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Issued: The patent has been issued by the agency

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Adam

2. Surname (Last Name)
Ruben

3. Date
06-October-2016

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
SL Hoffman

5. Manuscript Title
Protection against P. falciparum by PfSPZ Vaccine

6. Manuscript Identifying Number (if you know it)
89154-INS-CMED-TR-2

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Sanaria Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I am an employee of the company that manufactured and supplied the vaccine

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

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Sanaria Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	see section 2

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Richie reports other from Sanaria Inc., during the conduct of the study; other from Sanaria Inc. , outside the submitted work; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Sumana

2. Surname (Last Name)
Chakravarty

3. Date
18-October-2016

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
SL Hoffman

5. Manuscript Title
Protection against Plasmodium falciparum by PfSPZ Vaccine

6. Manuscript Identifying Number (if you know it)
89154-INS-CMED-TR-2

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
April
2. Surname (Last Name)
Stafford
3. Date
04-October-2016
4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
Stephen L. Hoffman
5. Manuscript Title
Protection against Plasmodium falciparum by PfSPZ Vaccine
6. Manuscript Identifying Number (if you know it)
89154-INS-CMED-TR-2

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

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Ms. Stafford has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Richard
2. Surname (Last Name)
Ruck
3. Date
11-October-2016
4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
Stephen L. Hoffman
5. Manuscript Title
Protection against Plasmodium falciparum by PfSPZ Vaccine.
6. Manuscript Identifying Number (if you know it)
89154-INS-CMED-TR-2

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Ruck has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Abraham

2. Surname (Last Name)
Eappen

3. Date
06-October-2016

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
SL Hoffman

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Tao

2. Surname (Last Name)
Li

3. Date
06-October-2016

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
SL Hoffman

5. Manuscript Title
Protection against *P. falciparum* by PfSPZ Vaccine

6. Manuscript Identifying Number (if you know it)
89154-INS-CMED-TR-2

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Sanaria Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I am an employee of the company that manufactured and supplied the vaccine

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Sanaria Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	see section 2

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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- ☒ No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

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Dr. Li reports other from Sanaria Inc., during the conduct of the study; other from Sanaria Inc. , outside the submitted work; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Peter

2. Surname (Last Name)
Billingsley

3. Date
06-October-2016

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
SL Hoffman

5. Manuscript Title
Protection against *P. falciparum* by PfSPZ Vaccine

6. Manuscript Identifying Number (if you know it)
89154-INS-CMED-TR-2

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Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☒ Yes ☐ No

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Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Billingsley reports other from Sanaria Inc., during the conduct of the study; other from Sanaria Inc., outside the submitted work; .

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Anita

2. Surname (Last Name)
Manoj

3. Date
06-October-2016

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
SL Hoffman

5. Manuscript Title
Protection against *P. falciparum* by PfSPZ Vaccine

6. Manuscript Identifying Number (if you know it)
89154-INS-CMED-TR-2

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☒ Yes ☐ No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Ms. Manoj reports other from Sanaria Inc., during the conduct of the study; other from Sanaria Inc., outside the submitted work; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Joana

2. Surname (Last Name)
Silva

3. Date
01-October-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Stephen L Hoffman

5. Manuscript Title
Protection against Plasmodium falciparum by PfSPZ Vaccine

6. Manuscript Identifying Number (if you know it)
89154-INS-CMED-TR-2

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Silva has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Kara

2. Surname (Last Name)
Moser

3. Date
03-October-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Stephen L. Hoffman

5. Manuscript Title
Protection against Plasmodium falciparum by PfSPZ Vaccine

6. Manuscript Identifying Number (if you know it)
89154-INS-CMED-TR-2

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Moser has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Robin

2. Surname (Last Name)

Nielsen

3. Date

03-October-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Stephen L Hoffman

5. Manuscript Title

Protection against Plasmodium falciparum by
PfSPZ Vaccine

6. Manuscript Identifying Number (if you know it)

89154-INS-CMED-TR-2

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?

☐ Yes

☒ No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐ Yes

☒ No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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R. Nielsen has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Donna

2. Surname (Last Name)
Tosh

3. Date
03-October-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Stephen Hoffman

5. Manuscript Title
is "Protection against Plasmodium falciparum by
PfSPZ Vaccine"

6. Manuscript Identifying Number (if you know it)
89154-INS-CMED-TR-2

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Susan

2. Surname (Last Name)
Biggs-Cicatelli

3. Date
03-October-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Stephen L. Hoffman

5. Manuscript Title
Protection against Plasmodium falciparum by
PfSPZ Vaccine

6. Manuscript Identifying Number (if you know it)
89154-INS-CMED-TR-2

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

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Ms. Biggs-Cicatelli has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Harini

2. Surname (Last Name)
Ganeshan

3. Date
18-October-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Stephen L. Hoffman

5. Manuscript Title
Protection against Plasmodium falciparum by PfSPZ Vaccine

6. Manuscript Identifying Number (if you know it)
89154-INS-CMED-TR-2

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Mrs. Ganeshan has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Jessica

2. Surname (Last Name)
Case

3. Date
05-October-2016

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
Stephen L. Hoffman

5. Manuscript Title
Protection against Plasmodium falciparum by
PfSPZ Vaccine

6. Manuscript Identifying Number (if you know it)
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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Sanaria, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sanaria paid Statistics Collaborative, her employer, during the conduct of the study for statistical analysis.

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

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Section 4. Intellectual Property -- Patents & Copyrights

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Ms. Case reports fees from Sanaria to Statistics Collaborative, her employer, during the conduct of the study.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Debbie

2. Surname (Last Name)
Padilla

3. Date
23-October-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Stephen L. Hoffman

5. Manuscript Title
Protection against Plasmodium falciparum by PfSPZ Vaccine

6. Manuscript Identifying Number (if you know it)
89154-INS-CMED-TR-2

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Section 6. Disclosure Statement

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Debbie Padilla has nothing to disclose.

Evaluation and Feedback

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ICMJE

INTERNATIONAL COMMITTEE of
MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Silas

2. Surname (Last Name)
Davidson

3. Date
03-October-2016

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
Stephen L. Hoffman

5. Manuscript Title
Protection against Plasmodium falciparum by
PfSPZ Vaccine

6. Manuscript Identifying Number (if you know it)
89154-INS-CMED-TR-2

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Dr. Davidson has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Lindsey

2. Surname (Last Name)
Garver

3. Date
04-October-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Stephen L. Hoffman

5. Manuscript Title
Protection against Plasmodium falciparum by PfSPZ Vaccine

6. Manuscript Identifying Number (if you know it)
89154-INS-CMED-TR-2

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Garver has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Elizabeth

2. Surname (Last Name)
Saverino

3. Date
06-October-2016

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
SL Hoffman

5. Manuscript Title
Protection against P. falciparum by PfSPZ Vaccine

6. Manuscript Identifying Number (if you know it)
89154-INS-CMED-TR-2

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Sanaria Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I am an employee of the company that manufactured and supplied the vaccine

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Sanaria Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	see section 2

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Ms. Saverino reports other from Sanaria Inc., during the conduct of the study; other from Sanaria Inc., outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Tooba

2. Surname (Last Name)
Murshedkar

3. Date
06-October-2016

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
SL Hoffman

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Anusha

2. Surname (Last Name)
Gunasekera

3. Date
06-October-2016

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SL Hoffman

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6. Manuscript Identifying Number (if you know it)
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Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Sanaria Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I am an employee of Sanaria Inc., the company that manufactured and supplied the vaccine

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Sanaria Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I am an employee of the company, Sanaria Inc., that manufactured and supplied the vaccine.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Mrs. Gunasekera reports other from Sanaria Inc., during the conduct of the study; other from Sanaria Inc., outside the submitted work; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Patrick

2. Surname (Last Name)
Twomey

3. Date
11-October-2016

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
Stephen L. Hoffman

5. Manuscript Title
Protection against Plasmodium falciparum by PfSPZ Vaccine

6. Manuscript Identifying Number (if you know it)
89154-INS-CMED-TR-2

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Twomey has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Sharina

2. Surname (Last Name)
Reyes

3. Date
05-October-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Stephen L Hoffman

5. Manuscript Title
Protection against Plasmodium falciparum by
PfSPZ Vaccine

6. Manuscript Identifying Number (if you know it)
89154-INS-CMED-TR-2

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Dr. Reyes has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
James

2. Surname (Last Name)
Moon

3. Date
03-October-2016

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
Stephen L. Hoffman

5. Manuscript Title
Protection against Plasmodium falciparum by PfSPZ Vaccine

6. Manuscript Identifying Number (if you know it)
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Dr. Moon has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Eric

2. Surname (Last Name)
James

3. Date
06-October-2016

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
SL Hoffman

5. Manuscript Title
Protection against Plasmodium falciparum by PfSPZ Vaccine

6. Manuscript Identifying Number (if you know it)
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Natasha

2. Surname (Last Name)
KC

3. Date
06-October-2016

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SL Hoffman

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Sanaria Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I am an employee of the company, Sanaria Inc., that manufactured and supplied the vaccine.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):
- ☒ No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Ms. KC reports other from Sanaria Inc., during the conduct of the study; other from Sanaria Inc., outside the submitted work; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
MingLin

2. Surname (Last Name)
Li

3. Date
06-October-2016

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
SL Hoffman

5. Manuscript Title
Protection against P. falciparum by PfSPZ Vaccine

6. Manuscript Identifying Number (if you know it)
89154-INS-CMED-TR-2

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Sanaria Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I am an employee of the company that manufactured and supplied the vaccine

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Sanaria Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	see section 2

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Li reports other from Sanaria Inc., during the conduct of the study; other from Sanaria Inc., outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Arnel

2. Surname (Last Name)
Belmonte

3. Date
04-October-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Stephen L. Hoffmann

5. Manuscript Title
Protection against Plasmodium falciparum by PfSPZ Vaccine

6. Manuscript Identifying Number (if you know it)
89154-INS-CMED-TR-2

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Arnel Belmonte has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Kevin
2. Surname (Last Name)
Hauns
3. Date
04-October-2016
4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
Stephen L. Hoffman.
5. Manuscript Title
Protection against Plasmodium falciparum by PfSPZ Vaccine
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 3. Relevant financial activities outside the submitted work.

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Hauns has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Maria

2. Surname (Last Name)
Belmonte

3. Date
04-October-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Stephen L. Hoffmann

5. Manuscript Title
Protection against Plasmodium falciparum by PfSPZ Vaccine

6. Manuscript Identifying Number (if you know it)
89154-INS-CMED-TR-2

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Maria Belmonte has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Jun

2. Surname (Last Name)
Huang

3. Date
18-October-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Stephen L. Hoffman

5. Manuscript Title
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Huang has nothing to disclose.

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The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Carlos

2. Surname (Last Name)
Vasquez

3. Date
07-October-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Stephen L. Hoffman

5. Manuscript Title
Protection against Plasmodium falciparum by PfSPZ Vaccine

6. Manuscript Identifying Number (if you know it)
89154-INS-CMED-TR-2

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

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Mr. Vasquez has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Mary

2. Surname (Last Name)
Carrington

3. Date
03-October-2016

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
Stephen L. Hoffman

5. Manuscript Title
Protection against Plasmodium falciparum by PfSPZ Vaccine

6. Manuscript Identifying Number (if you know it)
89154-INS-CMED-TR-2

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Carrington has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Yonas

2. Surname (Last Name)
Abebe

3. Date
06-October-2016

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
SL Hoffman

5. Manuscript Title
Protection against *P. falciparum* by PfSPZ Vaccine

6. Manuscript Identifying Number (if you know it)
89154-INS-CMED-TR-2

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Sanaria Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I am an employee of the company that manufactured and supplied the vaccine

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Sanaria Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	see section 2

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Section 4. Intellectual Property -- Patents & Copyrights

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Mr. Abebe reports other from Sanaria Inc., during the conduct of the study; other from Sanaria Inc., outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Amy
2. Surname (Last Name) Tillman
3. Date 05-October-2016

4. Are you the corresponding author? ☐ Yes ☒ No
Corresponding Author's Name
Stephen L. Hoffman

5. Manuscript Title
Protection against Plasmodium falciparum by
PfSPZ Vaccine

6. Manuscript Identifying Number (if you know it)
89154-INS-CMED-TR-2

PfSPZ Vaccine
Protection against Plasmodium falciparum by PfSPZ Vaccine

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Sanaria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sanaria paid Statistics Collaborative, her employer, during the conduct of the study for statistical analysis.

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Ms. Amy Tillman reports fees from Sanaria to Statistics Collaborative, her employer, during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name)
Bradley
2. Surname (Last Name)
Hickey
3. Date
03-October-2016
4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
Stephen L. Hoffman
5. Manuscript Title
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Hickey has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Eileen

2. Surname (Last Name)
Villasante

3. Date
03-October-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Stephen L. Hoffman

5. Manuscript Title
Protection against Plasmodium falciparum by PfSPZ Vaccine

6. Manuscript Identifying Number (if you know it)
89154-INS-CMED-TR-2

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Villasante has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
B. Kim Lee

2. Surname (Last Name)
Sim

3. Date
07-November-2016

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
SL Hoffman

5. Manuscript Title
Protection against P. falciparum by PfSPZ Vaccine

6. Manuscript Identifying Number (if you know it)
89154-INS-CMED-TR-2

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Stephen
2. Surname (Last Name)
Hoffman
3. Date
06-October-2016
4. Are you the corresponding author? ☒ Yes ☐ No
5. Manuscript Title
Protection against Plasmodium falciparum by PfSPZ Vaccine
6. Manuscript Identifying Number (if you know it)
89154-INS-CMED-TR-2

Section 2. The Work Under Consideration for Publication

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Esteban

2. Surname (Last Name)
Abot

3. Date
09-November-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Stephen L Hoffman

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Section 1. Identifying Information

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Shon

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Remich

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03-October-2016

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☐ Yes ☒ No

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Stephen L Hoffman

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The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Shon

2. Surname (Last Name)
Remich

3. Date
03-October-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Stephen L Hoffman

5. Manuscript Title
Protection against Plasmodium falciparum by PfSPZ VaccineProtection against Plasmodium falciparum by PfSPZ Vaccine

6. Manuscript Identifying Number (if you know it)
89154-INS-CMED-TR-2

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Section 5. Relationships not covered above

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- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):
- ☒ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Remich has nothing to disclose.

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

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Section 1. Identifying Information

1. Given Name (First Name)

Jason

2. Surname (Last Name)

Regules

3. Date

14-November-2016

4. Are you the corresponding author?

☐ Yes ☐ No

5. Manuscript Title

Protection against Plasmodium falciparum by PfSPZ Vaccine

6. Manuscript Identifying Number (if you know it)

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